

## **The Department of Vermont Health Access Medical Policy**

**Subject: Autologous Platelet-Rich Plasma (PRP) for Chronic Non-Healing Diabetic, Venous and/or Pressure Wounds**

**Last Review:** June 6, 2016

**Revision 3:**

**Revision 2:**

**Revision 1:** June 2, 2015

**Original Effective:** January 6, 2014

### **Description of Service or Procedure**

Platelet-rich plasma (PRP) is produced by centrifuging blood to yield a concentrate that is high in platelets and plasma proteins. This can be done in an autologous or homologous manner. Autologous PRP is comprised of blood from the patient who will ultimately receive the PRP. Alternatively, homologous PRP is derived from blood from multiple donors.

In the homologous process, blood is donated by the patient and centrifuged to produce a gel for treatment of chronic, non-healing cutaneous wounds that persist for 30 days or longer and fail to complete the healing process. Autologous blood derived products for chronic, non-healing wounds includes both: (1) platelet derived growth factor (PDGF) products (such as Procuren), and (2) PRP.

The PRP is different from other products in that it contains whole cells including white cells, red cells, plasma, platelets, fibrinogen, stem cells, macrophages, and fibroblasts.

The PRP is used by physicians in clinical settings for treating chronic, non-healing wounds, open, cutaneous wounds, soft tissue and bone. Alternatively, PDGF does not contain cells and was previously marketed as a product to be used by patients at home.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



## **Coverage Position**

Autologous PRP for chronic non-healing diabetic, venous and/or pressure wounds may be covered for beneficiaries:

- When autologous PRP is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of autologous PRP for chronic non-healing wounds and who provides medical care to the beneficiary. AND
- When the clinical guidelines below are met.

## **Coverage Criteria**

Autologous PRP for chronic non-healing diabetic, venous and/or pressure wounds may be covered for beneficiaries when:

- The beneficiary has a chronic non-healing wound. And
- The beneficiary is enrolled in a clinical study that uses validated and reliable methods of evaluation.
  - o DVHA will follow CMS's Clinical trial guideline: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8213.pdf>

## **Clinical guidelines for repeat service or procedure**

The same criteria will be applied as for initial use.

## **References**

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